MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILL STATE OF STATE

FILING DATE

CLAIMS

							CLAIN	MS				***************************************			
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT				AS FILED		AFTER CAMENDMENT		AF	AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	•		IND.	DEP.	IND.	DEP.			
2		 		/			1	51			1-112	DET.	IND.	DEP.	
3		 		 /		 	1	52				 -	 	 	
4		1		 /-		 	1	53					1	 	
5		175	 -	 	<u></u>		1	54					1	 	
6		12		-/-		 	ì	55	ļ					1	
7		4X		/				<u>56</u> 57							
8		(X		/				58	l			 	ļ		
9							٠.	59			7/	 		ļ	
10		X	/					60				 		ļ	
11			/_					61				4.	· · · · · ·	 	
12 13			/_	i				62				u .		 	
14		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/					63				u u		 	
15		兹	-/					64							
16		$\frac{2}{3}$	/					65				7			
17		D						66 67				\Box			
18		(1)		/				68						·	
19		\mathcal{U}						69							
	· · ·	W.	•	/				70					 		
21		<u> </u>		/				71						·	
22		8						. 72				_		<u>·</u>	
23 24			<u> </u>	/				73							
25		2	/					74							
26		70	/					75 76							
27		<u> </u>	-/					77							
28								78			~				
29		1/	1					79						:	
30		4	-/					80							
31		Q2	/···					81							
32			 					82							
34		1						83							
35								84 85			 				
36		(1)						86		<u></u>					
37						-		87		· · · · ·					
38								88							
39.			1	\Box				89					-+		
40							j	90							
41								91							
43							•	92							
44			- 1					93 94							
45								95	 -						
46							٠.	96							
47		I					i	97							
48			I	\Box	I			98							
49 50								99							
		 -}	}					100							
TOTAL IND.	الـــــــ	4		4		4		TOTAL IND.		#	21	-₩.	·	1	
TOTAL DEP	· · · · · · · · · · · · · · · · · · ·	4		4		4	į	TOTAL DEP	•	(=	45	(4	
TOTAL CLAIMS								TOTAL CLAIMS	22.2		471				
PTO-1360 ((REV. 11/04)	····									CONT of CON				